

# information

## DIAGNOSIS OF PARKINSON'S

Parkinson's is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

The onset is gradual and obtaining a firm medical diagnosis can take some time in spite of the obvious presentation of many of the symptoms.

Currently there is no definitive biological test or radiological procedure which diagnoses Parkinson's and autopsy-based studies have shown that even among neurologists, diagnostic accuracy results in up to 25% of cases proven incorrect at time of death.

In spite of medical advances in the management of Parkinson's, the provisional medical diagnosis continues to be based on the clinical picture of four cardinal symptoms and a positive response to levodopa.

The diagnostic check list of symptoms is composed of:

- Tremor
- Bradykinesia
- Muscle rigidity
- Postural instability

These are described in detail on **Information Sheet: Parkinson's Symptoms**.

### Specialised Medical Diagnosis and Management

Most patients will visit their general practitioner as they become aware of the development of symptoms and it is recommended that a referral to a neurologist or geriatrician be obtained.

Parkinson's associations in each state can supply a list of locally based specialists who have an interest in treating Parkinson's. Some states will have government funded Parkinson's Clinics.

The basis of diagnosis is the assessment of presenting symptoms, past medical history including exposure to substances (both pharmaceutical and environmental) and a review of family history.

A neurological examination will reveal bradykinesia, tremor, rigidity and balance issues.

### Diagnostic Investigations

Magnetic resonance imaging (MRI) will be carried out to rule out other neurological conditions which may resemble Parkinson's.

Computerised tomography (CT) does not reveal any Parkinson's related changes but will rule out structural abnormalities which may result in Parkinson's-like symptoms.

A metaiodobenzylguanidine (MIBG) scan may be ordered to assist the differential diagnosis between Parkinson's and related Lewy Body Disease and a group of conditions known as Parkinson's Plus.

Functional neuroimaging (SPECT and PET) are used overseas in research based projects but are rarely used routinely in clinical practice in Australia.

For further information contact  
your state Parkinson's organisation:  
**Freecall 1800 644 189** [www.parkinsons.org.au](http://www.parkinsons.org.au)

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## Levodopa Response

Historically an Apomorphine challenge was carried out but this is no longer common practice. An improvement in symptoms following the introduction of levodopa or a dopamine agonist is regarded as a positive indication that a correct diagnosis has been made. However, up to 50% of people with a Parkinson's Plus condition may initially show a response which will not be maintained in the long term.

## Impact of Diagnosis

Reactions to the diagnosis will vary greatly from anger to disbelief and it is recommended that support and education are sought. The emotional impact of receiving the diagnosis is much greater than the physical limitations of the condition at this stage.

A diagnosis of Parkinson's also impacts on the partner, family and friends of the person given the diagnosis. This will result in their own emotions as they come to terms with the diagnosis.

## Strategies for Coping with Diagnosis

- Accommodating the necessary changes

It may be necessary to allow more time for routine activities as bradykinesia can add to frustration. Having a realistic self-expectation will come with time and adjustment.

- Disclosing the diagnosis

The timing of this is the personal choice of the individual. However, hiding the symptoms and the diagnosis can be stressful which in turn may result in increased symptoms such as tremor. Honesty often brings relief as others may have suspected something was amiss.

- Maintaining self-identity

Try to avoid defining yourself by the condition. It is important not to lose focus of self and other life roles rather than allow Parkinson's to dominate.

- Maintain an exercise program

Often around the time of diagnosis exercise is abandoned due to the physical symptoms and the psychological challenge of adjustment. It is vital that exercise is maintained or introduced as it plays a major role in managing the condition. In addition to the physical aspect, exercise will help address the mood change often experienced at this time.

- Seek support

The support of family and friends is invaluable and professional support may also be required. Many people will seek the help of a counsellor to help them cope at this time. Just as the symptoms of Parkinson's vary from person to person it is recognised that each person will reach the point of seeking assistance at a different stage.

**Seminars for the newly diagnosed are organised at a state level.**

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